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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

09/852589	
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HSA-102XC1	H
	5-10-01 Fey 2164

GROUP 3600

To: Assistant Commissioner for Patents Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has failed to pay the Attorneys of record for services rendered despite numerous requests resulting in an unreasonable financial burden on Attorneys. Applicant was notified by certified mail on January 4, 2002 of Attorneys' intent to withdraw. Additional letters regarding withdrawal were transmitted to Applicant on January 7, 2002, February 25, 2002, and March 26, 2002. Despite Applicant's repeated assurances after Attorneys' letters that a check was in the mail, no payment was ever made. Continuing representation will result in serious economic loss to Attorneys. There are no outstanding actions in this application. Accordingly, Applicant will have sufficient time to obtain other representation. M.P.E.P. 402.06.

application. According	sult in serious economic loss to Attorneys. Iy, Applicant will have sufficient time to obtain notified that the attorney be	in other r	representation	1. M.P.E.I	P. 402.06.				
1. The correspondence address is NOT affected by this withdrawal.									
2. X Change the correspondence address and direct all future correspondence to:									
	CORRESPONDENCE ADDRESS								
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City	Jacksonville	State	FL	ZIP	32256				
Country	U.S.	U.S.							
Telephone	904-346-4400	Fax	904-346-3600						
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 23,557 This request is enclosed in triplicate (including any attachments).									
Name Christine Q. McLeod									
Signature Officeop COTTOLOgo									
Date	7902								
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the xpiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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			Applicati n Number	09/852589		
TRANSMITTAL FORM		Filing Dat	05/10/2001			
		First Named Inventor	Fey			
	(to be used for all correspondence after initial filing)		Group Art Unit	2164		
			Examiner Name			
Total Number of F	ages in This Submission	on 4	Attorney Docket Number	HSA-102XC1		
		ENC	OSURES (check	c all that apply)		
	nt Request re Statement prity 3 Parts/	(for an Drawin Licens Petition Provis Power Chang Addre Termin Requirements)	ing-related Papers n to Convert to a ional Application of Attorney, Revocation ge of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent PECEIVED JUL 2 3 2002		
			ATTORNEY C	GROUP 3600		
Firm or Individual name	Christine Q. McLeod					
Signature	Conford Conford					
Date	-05/08/2002 7 (9 02 con					
	CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Open						
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